

# FEE TRANSMITTAL

*Complete if known*

Patent Application No. 10/656,068

Filing Date: September 5, 2003

First Named Inventor: Robert J. Levy

Group Art Unit: 1633

Examiner Name: Scott David Priebe

Total Amt. of Payment: (1)+(2)+(3)= \$510

Attorney Docket Number: CHOP.0100.1

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>	<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within <u>three</u> months ( <b>See Below</b> ) <u>450.00***</u> Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue Fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee - <b>Request for Continued Examination</b> <u>395.00</u>  <b>***3 month ext. fee 510.00</b> <u>- 60.00 previously paid 5/14/07</u> <u>450.00 ext. fee due</u>  <b>SUBTOTAL (1)</b> <u>      </u> <b>SUBTOTAL (3)</b> <u>\$845</u>																					
2. <table border="1"> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-</td> <td>= 0</td> <td>x = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>x = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>SUBTOTAL (2)</b></td> <td colspan="2"><u>\$0</u></td> <td></td> </tr> </tbody> </table>		Paid	Extr	Fee	Total Claims	-	= 0	x = 0	Independent Claims	-	= 0	x = 0	Multiple Dependent (First presentation)				<b>SUBTOTAL (2)</b>	<u>\$0</u>				
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Submitted By:

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